



RECORD OF MONTHLY TIME

State Form 45272 (R / 3-96) / FM 0918

Month/year	County	Office
------------	--------	--------

INSTRUCTIONS

Each IV-D paid employee is to enter the hours worked on Title IV-D related activities for each paid working day. Enter "S" for sick leave, "V" for paid vacation, and "H" for paid holiday. Weekends and unscheduled work days should be left BLANK. Each employee is to sign the certification at the bottom of the form at the end of the month. Retain this form with county copies of the CSB monthly reimbursement forms, State Form 24221 / FM 0919 and State Form 24220 / FM 0920.

DATE	EMPLOYEE #1	EMPLOYEE #2	EMPLOYEE #3	EMPLOYEE #4	EMPLOYEE #5	EMPLOYEE #6	EMPLOYEE #7	EMPLOYEE #8	EMPLOYEE #9
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
27.									
28.									
29.									
30.									
31.									

I certify that the above hours represent only Title IV-D work and are true and correct.

Signature of Employee #1	Date	Signature of Employee #2	Date	Signature of Employee #3	Date
Signature of Employee #4	Date	Signature of Employee #5	Date	Signature of Employee #6	Date
Signature of Employee #7	Date	Signature of Employee #8	Date	Signature of Employee #9	Date